



Georgia Athletic and Entertainment Commission

Room 802 West Tower
#2 Martin Luther King Jr. Drive

Atlanta GA 30334

Andy Foster, Executive Director

404-656-2868 Phone

404-463-3480 Fax

www.georgiaboxing.com

GAEC Office Only

Receipt # _____

Date Received _____

All questions pertaining to license issuance must be answered. If question is not applicable please answer question with N/A. All boxing licenses expire on the 31st of the year. All mixed martial arts licenses expire on June 30th

- | | | |
|--|---|--|
| <input type="checkbox"/> Professional Boxer \$20 | <input type="checkbox"/> Boxing Trainer/Second \$20 | <input type="checkbox"/> Boxing Manager \$50 |
| <input type="checkbox"/> Boxing Matchmaker \$50 | <input type="checkbox"/> Boxing Official \$20 | |
| <input type="checkbox"/> Pro MMA Contendant \$20 | <input type="checkbox"/> Professional Kick boxer \$20 | <input type="checkbox"/> MMA Matchmaker \$50 |
| <input type="checkbox"/> Amateur MMA Contendant \$20 | <input type="checkbox"/> MMA Manager \$50 | |
| <input type="checkbox"/> MMA Trainer/Second \$20 | <input type="checkbox"/> Physician \$0 | <input type="checkbox"/> MMA Official \$20 |

Section I (All Applicants) - Please Print

Name: _____

Alias (other names used): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (primary): _____ Telephone (secondary): _____

Fax #: _____ Email address: _____

Date of Birth: _____ Social Security #: _____ Height: _____

Weight: _____ Sex: M / F Citizenship: _____ Place of Birth: _____

Driver's License #: _____ State Issued: _____

Are you presently on any suspension list? If yes, please explain _____

Have you ever been disqualified in any contest or disciplined for your actions during a Contest? If yes, please explain_____

Has any license you've had been revoked? If yes, please explain_____

List all other Athletic Commissions in which you are licensed_____

Have you ever been convicted of a crime, regardless of adjudication, or have charges pending? If yes, please explain_____

<u>SECTION II (Boxers, Kickboxers, Pro & Amateur Mixed Martial Artist Only)</u> <u>Please Print</u>
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Boxing Federal ID#_____

Have you ever been hospitalized due to an injury suffered in any contest? If yes, please explain_____

Do you have any current medical conditions? If yes, please explain_____

Do you have a manager? If yes, provide name address and telephone number

Name	Address	Telephone
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Have you had amateur experience? If yes, complete the following questions

Amateur Record: _____ Number of Fights: _____

Submission Grappling Record: _____

Name of Gym or Club you trained: _____

Name and telephone number of Trainer or Manager:

Name: _____ Telephone: _____

Section III (Boxing and MMA Manager, Trainer/Second Only) Please print

List names of boxers and/or MMA contestants which you currently manage/train/second:

Do you know of any medical conditions which your boxers and/or MMA contestants currently have? If YES, please explain: _____

Section IV (to be completed by ringside physician applicants)

A ringside physician may not have any interest in a participant. Please provide your

Georgia Composite State Board of Medical Examiners license # _____

Section V to be completed by participant, ringside physician, matchmaker, timekeeper, referee, trainer, judge, and second

List the names of any person under the jurisdiction of the Georgia Athletic and

Entertainment Commission in whom you have a financial interest _____

Section VI to be completed by boxer, mixed martial art, and kickboxer applicants

List the names of any persons who have a financial interest in you _____

I THE UNDERSIGNED DECLARE THAT I HAVE READ THIS APPLICATION AND THAT ALL THE ANSWERS TO THE QUESTIONS ARE TRUE AND COMPLETE, I UNDERSTAND

THAT ANY MISREPRESENTATION OF FAILURE TO ANSWER SHALL CONSTITUTE GROUNDS FOR LICENSE REVOCATION AND OR OTHER APPLICABLE LEGAL PENALTIES

I ALSO UNDERSTAND THAT BY SIGNING THIS APPLICATION THAT I AM AUTHORIZING THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION TO CONDUCT A FULL INVESTIGATION INTO MY BACKGROUND AND ACTIVITIES, I UNDERSTAND THAT THE OFFICE OF THE ATTORNEY GENERAL AND THE GEORGIA STATE POLICE MAY PARTICIPATE IN THE BACKGROUND INVESTIGATION.

TO ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE BOARDS, EMPLOYERS, EDUCATIONAL, INSTITUTIONS, FINANCIAL INSTITUTIONS AND ALL GOVERNMENT AGENCIES, FEDERAL, STATE, AND LOCAL, WITHOUT EXCEPTION, BOTH FOREIGN AND DOMESTIC. I HAVE APPLIED FOR A LICENSE WITH THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION AND FOR THE PURPOSE OF THIS APPLICATION, YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION PERTAINING TO ME, DOCUMENTARY OR OTHERWISE, AS REQUESTED BY ANY APPROPRIATE EMPLOYEE, AGENT, OR REPRESENTATIVE OF THE GEORGIA ATHLETIC AND ENTERTAINMENT COMMISSION, THE OFFICE OF THE ATTORNEY GENERAL OR THE GEORGIA STATE POLICE

I UNDERSTAND THAT A PHOTOSTATIC COPY OF THIS AUTHORIZATION WILL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL

FURTHER, I AM AWARE AND AGREE THAT MY SIGNATURE CONSTITUTES A WAIVER OF LIABILITY AS TO THE STATE OF GEORGIA AND IT'S INSTRUMENTALITIES AND AGENTS FOR ANY DAMAGES RESULTING IN DISCLOSURE OR PUBLICATION IN ANY MANNER OTHER THAN A WILLFULLY UNLAWFUL DISCLOSURE OR PUBLICATION OF ANY MATERIAL OR INFORMATION ACQUIRED DURING THE LICENSURE CONSIDERATION PROCESS OR DURING ANY INVESTIGATION, INQUIRY OR HEARING

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION TO THIS AGENCY ONLY FOR THE EXPRESS PURPOSE OF PROCESSING MY APPLICATION FOR A LICENSE.

I UNDERSTAND THAT THE DISCLOSURE OF MY SOCIAL SECURITY NUMBER ON THIS APPLICATION IS VOLUNTARY AND THAT IT WILL ONLY BE USED FOR PURPOSES OF PROCESSING MY APPLICATION

I ATTEST THAT I AM A CITIZEN OF THE UNITED STATES, OR CURRENTLY VISITING OR RESIDING IN THE UNITED STATES LEGALLY

Date:_____ Signature: _____

* Boxers, Kickboxers, and Mixed Martial Artists, please have your eye exam completed and signed by the Doctor and attach the form with the this application.

APPLICANT NAME (Please Print) _____

****MEDICAL EYE EXAM FOR COMBATIVE SPORTS****

Exam with dilation must be done by an OPTHALMOLOGIST or OPTOMETRIST

Examination (normal-N; abnormal -X)	RIGHT EYE	LEFT EYE
VISUAL ACUITY	N _____	N _____
(WITHOUT CORRECTION)	F _____	F _____
EXTERIOR EXAM	_____	_____
ANTERIOR EXAM	_____	_____
FUNDI	_____	_____
EXTRACOCULAR MUSCLES	_____	_____
VISUAL FIELDS (Confrontation)	_____	_____
TONOMETRY	_____	_____

EXPLAIN ABNORMAL FINDINGS

DIAGNOSIS _____

I hereby certify that a dilated exam was performed on: _____
(please print applicant's name)

Date of the exam: _____, _____
Month Day Year

I HAVE APPROVED THIS PERSON TO PARTICIPATE IN A COMBATIVE SPORTS EVENT.

Ophthalmologist or Optometrist NAME _____
(please print)

LICENSE # _____
(must be licensed in a State, District or Territory of the United States)

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE NUMBER _____

OPHTHAMOLOGIST or
OPTOMETRIST SIGNATURE _____ DATE _____

APPLICANT SIGNATURE _____ DATE _____

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the

current state laws and rules and regulations of the Georgia State Board of Veterinary Medicine and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 7 & 8 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Athletic and Entertainment Commission and/or criminal prosecution.

Signature of Applicant

Date

Print Applicant's Name